

## PART B - FEE(S) TRANSMITTAL

O I P E

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007812 7590 07/08/2004

**SMITH-HILL AND BEDELL**  
**12670 N W BARNES ROAD**  
**SUITE 104**  
**PORTLAND, OR 97229**  
**08/30/2004 DENMANU2 00000063 192560 10049153**

01 FC:1501 1330.00 OP  
 02 FC:8001 18.00 OP  
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Penelope Stockwell

(Depositor's name)

Penelope Stockwell

(Signature)

August 24, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/049,153	04/26/2002	Taisto Yrjana	OUTO 2408	8187

TITLE OF INVENTION: APPARATUS FOR SUPPORTING MATERIAL TO BE TREATED IN CONTINUOUSLY OPERATED THERMAL TREATMENT FURNACES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	10/08/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
WILSON, GREGORY A	3749	432-236000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  
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2. For printing on the patent front page, list  
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 \_\_\_\_\_  
 2 Smith-Hill and Bedell  
 3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

OUTOKUMPU OYJ

Espoo, Finland

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

## 4a. The following fee(s) are enclosed:

Issue Fee  
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A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached. to charge any deficiency  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-2560 (enclose an extra copy of this form).

## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)  
8/24/04

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